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Substitute for Form 1449 A.& B/PTO	Application Number	10/623,621		
INFORMATION DISCLOSURE	Confirmation Number	5040		
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STATEMENT BY APPLICANT	First Named Inventor	Hyoseop SHIN		
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	Examiner Name	LU, CHARLES EDWARD		
Sheet 1 of 1	Attorney Docket Number	Q76494		

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Examiner Cite Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, louitials* No. journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city, and/or country where published			
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Examiner Signature		Date Considered	8/91	06

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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